

**TRAVEL EXPENSE CLAIM**See Instructions and Privacy  
Statement on Reverse Side

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME Victoria Bradshaw		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
POSITION Cabinet Secretary		CB/ID NUMBER	DIVISION OR BUREAU Cabinet		INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		TELEPHONE NUMBER	
		CITY Sacramento	STATE CA	ZIP 95814	

MONTH/YEAR Apr-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION			BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING			PRIVATE CAR USE MILES
15-Apr	8am	Sac - Monterey								370	164.65	164.65	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
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											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	370	164.65	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$164.65	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Speech and panel discussion at the CALED/California Community College conference.

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445
<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
PAID BY REVOLVING FUND CHECK NUMBER 240483

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 4.22.09	SIGNATURE	DATE 4/27/09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES		DATE	